

COEUR D'ALENE ARTHRITIS CLINIC

950 Ironwood Drive • Coeur d'Alene, Idaho 83814 • (208) 765-5457 • FAX (208) 765-6248 • E Mail: CACrheum@aol.com

Rheumatology
Linda M. Sakai, M.D.
Craig W. Wiesenhutter, M.D.

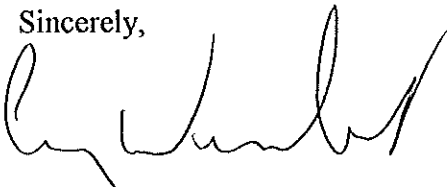
Idaho Department of Health and Welfare
450 West State St.
10th Floor
Boise, ID 83720
Attn: Tami Eide, Pharm D

Dear Tami,

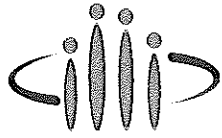
I have discovered that you are having a review of the anti – TNF Class of Drugs by the Idaho State Medicaid Formulary Committee on August 27th, 2010. Although I can not be there for the meeting in person, I would like to express my strong desire that you maintain the current Medicaid formulary status for 2010-2011. I believe that having open access to all drugs is the key to optimizing patient treatment.

If you have any questions, please feel free to contact me at the number listed above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Craig Wiesenhutter', with a stylized flourish at the end.

Dr. Craig Wiesenhutter
Rheumatologist



ADAM D. WRAY, D.O.
DERMATOLOGY CENTER

Bingham Memorial Medical Plaza
98 Poplar Street, First Floor
Blackfoot, Idaho 83221
208.782.2930
208.782.3765 - fax

Pocatello Professional Plaza
1151 Hospital Way, Bld. D, Ste 100
Pocatello, Idaho 83201
208.233.4455
208.782.2974 - fax

Pharmacy & Therapeutics Committee
Attention: Tami Eide, Pharm.D.
3232 Elder Street
Boise, Idaho 83705

August 9, 2010

Tami,

I have had a lot of success with Humira in my practice. I have had several patients that have failed other biologics that have responded wonderfully to Humira. The improvement in joint symptoms is amazing. I have had patients that did not realize that had joint problems. These same patients go on Humira and talk about how they have never felt so good not realizing they had some psoriatic arthritis before. In addition, the folks at Abbott have been very helpful in helping our patients get assistance that really need it. Allison Osborn has been especially helpful giving both my nurses and I the necessary information and resources to help us take good care of our patients.

I do not receive compensation, gratuities or grants from or have an affiliation with any drug manufacturer or related group. I am writing on my own behalf.

Sincerely,

Adam D. Wray, DO



July 23, 2010

Centers of Excellence

Rheumatology Center
W. Patrick Knibbe, MD⁺
James E. Loveless, MD⁺
Michelle Hicks, FNP-C
Janeen Jenkins, PA-C
Victoria Merrell, PA-C

Hand & Wrist Center
Steven B. Care, MD^o
Louis E. Murdock, MD^o
Brandon Lane, PA-C

Foot & Ankle Center
Steven E. Roser, MD⁺
Amber Carley, PA

Joint Replacement Center
Dennis R. McGee, MD^{*}
Colin E. Poole, MD^{*}
Erik Heggland, MD^{*} *Shoulders*
Nicole Femino-Pyle, PA-C
Pamela Fields, NP-C

Pediatric Orthopaedic Center
Kevin G. Shea, MD^{*}
Buzz Showalter, MD^{*}
Jason F. Robison, MD^o
Amy Waselchuk, PA-C

Spine & Scoliosis Center
Howard A. King, MD^{*}
Jason F. Robison, MD^o
Angie Coyne, PA-C

Sports Medicine Center
Michael J. Curtin, MD^{*}
Erik Heggland, MD^{*}
Kevin G. Shea, MD^{*}
Alex Homaechevarria, MD⁺
Kurt Nilsson, MD, MS^o
Kati Johnson, PA-C

Pharmacy and Therapeutics Committee
Attention: Tammy Eide, PharmD
3232 Elder Street
Boise, ID 83705

Dear Dr. Eide:

I am a consulting rheumatologist who does the majority of pediatric rheumatology in the state of Idaho and surrounding catchment area. I have been asked to provide input on the upcoming discussions by the P&T Committee for Medicaid on biologic therapy. Biologic therapy for rheumatoid arthritis and juvenile idiopathic arthritis has revolutionized the treatment of these diseases and provided disease modification that was previously not available as of the late 90s. Available agents for juvenile idiopathic arthritis include Enbrel 25-50 mg weekly, Humira 20-40 mg every other week, and Orencia in various doses IV monthly. It is essential that we have all of these agents available for us on the formulary. Response to any of these agents is not 100%, even though it is quite good with all agents, and it is quite necessary to have these therapeutically equivalent medications available for various patients.

Access to all available agents is essential in treating adult rheumatoid arthritis as well. There are now four available injection therapies for adult rheumatoid arthritis (Enbrel, Humira, Cimzia, and Simponi), as well as IV therapies (Remicade, Rituxan, Orencia, and Actemra). Again, it is essential that our patients have access to all available therapies, given the lack of 100% response to any of these medications. Different modes of action for these agents make it quite likely that an effective therapy can be found for each patient but only if we have access to all available therapies on a level basis.

I will welcome further discussion regarding this issue and appreciate your consideration of my opinion.

Respectfully submitted,

W. Patrick Knibbe, MD, FACP
President, Association of Idaho Rheumatologists

cc: Peggy Rupp, MD; Fax: 208-322-0335
cc: Achini Dingman, MD; Fax: 208-367-8099
cc: Daryl MacCarter, MD; Fax: 208-887-9800
cc: Mikael D. Lagwinski, MD; Fax: 208-887-9800
cc: Kelly A. Timmons, MD, PhD; Fax: 208-463-3044
cc: James E. Loveless, MD, FACP

WPK/dss

⁺ABOS, ⁺ABFM, ⁺FACP, ^oBE
^oCAQ Hand Surgery, ASSH

River Medical

FAMILY MEDICINE

Michael R. Minas, MD
Board Certified Family Medicine

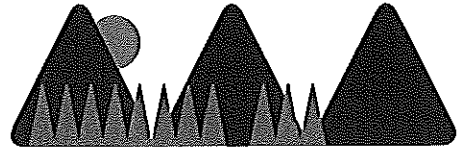
To Whom It May Concern:

I am writing this letter in regards to the medication Pristiq. It is my understanding that this medication is up for review with Idaho Medicaid to no longer need prior authorization for patients. I fully support this decision based on the efficacy that Pristiq has shown with my patients. To be able to prescribe this for my Medicaid patients without any delays would be extremely beneficial to all and any consideration for removing the need for a prior authorization would be greatly appreciated.

Thank you



Michael R. Minas, MD



Dermatology & Laser Center of Canyon County

Gavin R. Powell, MD
Seth A. Permann, PAC
318 2nd Street South
Nampa, ID 83651
1.208.467.3006
Fax: 1.208.467.1155
www.dermcentercc.com

July 30, 2010

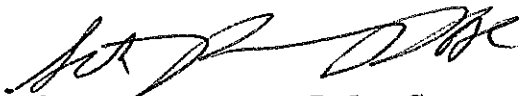
Pharmacy & Therapeutics Committee
Attn: Tami Eide, PharmD
3232 Elder Street
Boise, ID 83705

To Whom It May Concern:

This letter is in regards to the consideration of keeping Humira on a preferred position for Idaho Medicaid. In my experience with the biologic medications, Humira has been one of the easiest to use and fastest working medications, and really has been the best biologic in my experience. It has been a great benefit to us to have Humira on a preferred position with Medicaid, as often one of the largest barriers to treatment of these patients who require this medication has been the insurance bureaucracy that limits access to this drug. I would urge you to maintain Humira in its current preferred position so that we can continue to provide patients with difficult to treat problems, such as psoriatic arthritis and psoriasis, with this medication.

Thank you for your time and consideration of this, and if you have any other questions for me, or if you would like an explanation on my thoughts on the matter, I would be happy to discuss them with you.

Sincerely,



Seth A. Permann, P.A.-C

lb

Family Medicine
Michael T Harris, MD, PC*
*Denotes Professional Corporation

Date: 7-28-10

To: PHARMACY & THERAPEUTICS COMMITTEE
M/A

Re: COLIBRAX

I AM MOST LIKELY TO
COLIBRAX TO A PT - PAIN WHO~~SE~~ IS
ANTICOAGULATED (LOVENOX, COUMADIN)

IF FOR COLIBRAX TO REMAIN AVAILABLE, ESPECIALLY
FOR THIS INDICATION, IS DESIRABLE.

M Harris

**State of Idaho, Division of Medicaid
Prior Authorization Form
Coxib (COX-2 SELECTIVE NSAIDs)**

CONFIDENTIAL INFORMATION

Phone: (208) 364-1829

One drug per form ONLY – Use black or blue ink

Fax: (800) 327-5541

Participant Name: _____	Medicaid ID #: _____	Date of Birth: _____
Prescriber Name: _____	NPI #: _____	Specialty: _____
Prescriber Phone: _____	Prescriber Fax: _____	
Pharmacy NPI #: _____	Pharmacy Phone: _____	Pharmacy Fax: _____

Coxibs are approved for payment for eligible participants with Rheumatoid arthritis, osteoarthritis, acute pain or dysmenorrhea who have any of the following risk factors for a gastrointestinal bleed: history or current PUD, history or current GI bleed, age \geq 65 years old, concurrent corticosteroid use, or concurrent anticoagulant or antiplatelet therapy OR who have tried, but are unable to tolerate at least two nonselective NSAIDs. Celebrex will be approved for payment in participants with Familial Adenomatous Polyposis without any requirement for risk factors. Acute pain treatment is limited to 14 days.

Medication Requested

☐ Celebrex® _____

Participant Diagnosis

- ☐ Familial Adenomatous Polyposis (ICD-9 = 211.3)
- ☐ Rheumatoid Arthritis (ICD-9 = 714.0-714.8)
- ☐ Osteoarthritis (ICD-9 = 715.)
- ☐ Primary dysmenorrhea (ICD-9 = 625.3)
- ☐ Acute pain (ICD-9 = 625.3)

To ensure continuity of care, please make sure corresponding ICD-9 diagnosis codes are submitted on professional office claims to Medicaid on a routine basis.

Prior Therapy

Please indicate any of the following non-steroidal anti-inflammatory agents that the participant has tried, but was unable to tolerate. Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Diclofenac (Voltaren®) | <input type="checkbox"/> Etodolac (Lodine®) | <input type="checkbox"/> Fenoprofen (Nalfon®) |
| <input type="checkbox"/> Flurbiprofen (Ansaid®) | <input type="checkbox"/> Ibuprofen (Motrin®, Rufen®, Advil®) | <input type="checkbox"/> Indomethacin (Indocin®) |
| <input type="checkbox"/> Ketoprofen (Orudis®) | <input type="checkbox"/> Ketorolac (Toradol®) | <input type="checkbox"/> Meloxicam (Mobic®) |
| <input type="checkbox"/> Nambumetone (Relafen®) | <input type="checkbox"/> Naproxen (Naprosyn®, Anaprox®) | <input type="checkbox"/> Oxaprozin (Daypro®) |
| <input type="checkbox"/> Piroxicam (Feldene®) | <input type="checkbox"/> Sulindac (Clinoril®) | <input type="checkbox"/> Tolmetin (Tolectin®) |

Risk Factors

- ☐ Concurrent or history of peptic ulcer disease
- ☐ History of a GI Bleed
- ☐ Age \geq 65 years
- ☐ Concurrent corticosteroid therapy
- ☐ Concurrent anticoagulant or antiplatelet therapy (excluding low dose aspirin)

Prescriber Signature: _____

Date: _____

By signing, prescriber agrees that documentation of above indication and medical necessity is available for review by Idaho Medicaid in participant's current medical chart.

Send letter to Pharmacy & Therapeutics Committee
3232 Elder Street
Boise, ID 83705

Celebrex will be reviewed on August 27th
Letters must be submitted no later than August 9th

Rev.: 4/1/10